State of West Virginia Electioneering Communications Report

(Must be filed when \$5,000 or more is spent on "Electioneering Communications" as detailed in WV Code §3-8-2b)

e of person making expenditure <u>SE(U DISTF</u>	RICT 1199 PAC		
ne of the individual in control of the expendit	ure(s) <u>SHERRI N</u>	MCKINNEY	
ill address CHARSHMAN@HCANDS.COM	Teleph	one <u>(304) 522-2871</u>	
e of the custodian of the books <u>CONNIE FIG</u>	GINS		
cipal place of business and address (Only if i	the person mak	ing the expenditure is not an individual)	
00 Adams Ave., Huntington, WV 25704			
Electioneering Communication expenditures more than \$1,000 (as required by WV Code §3-8-2b)			
Refers to: (candidate name) Paige Flanniga	n, House of Dele	gates District 25	
Paid to The Compass Media Group, 1415 Da	yton 1S, Chicago	o, IL 60622	
Amount of expenditure 3983.05	Date the exp	enditure was made 10/27/2006	
Election year 2006	Made within	(check one):	
30 days prior to the Primary Election	✓	60 days prior to the General Election	
Refers to: (candidate name)			
Paid to			
Amount of expenditure	Date the exp	enditure was made	
Election year	Made within	(check one):	
30 days prior to the Primary Election		60 days prior to the General Election	
Refers to: (candidate name)			
Paid to			
Amount of expenditure	Date the exp	enditure was made	
Election year	Made within	(check one):	
30 days prior to the Primary Election		60 days prior to the General Election	
Refers to: (candidate name)			
Paid to			
Amount of expenditure	Date the exp	enditure was made	
Election year	Made within	(check one):	
30 days prior to the Primary Election		60 days prior to the General Election	

Official Form F-14

Revised 7/06

Issued by the Secretary of State (WV Code §3-8-2b)

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Contributors totaling more than \$1,000 from the previous calendar year to date (as required by West Virginia Code §3-8-2b)

Name of contributor	Date the contributor exceeded \$250	
Occupation of contributor (if applied	cable):	
Value of the contribution	Description of contribution	
Address:		
City:	State and Zip Code:	
Name of contributor	Date the contributor exceeded \$250	
Occupation of contributor (if applied	cable):	
Value of the contribution Description of contribution		
Address:		
City:	State and Zip Code:	
	Date the contributor exceeded \$250	
• • • • • • • • • • • • • • • • • • • •	Description of contribution	
	-	
	State and Zip Code:	
Name of contributor	Date the contributor exceeded \$250	
Occupation of contributor (if applic	cable):	
Value of the contribution	Description of contribution	
Address:		
City:	State and Zip Code:	
CATHORAFFIRMATION		
i swear or affirm that the attached statement is true and correct to the best of my knowledge, for all financial transactions occurring within the period covered by this statement.		
Ciffice Use Only	Signature Sherin McLiny (4) Date 10.27 200 6	
	Date 10.27 200 6	
	This form must be received in the Secretary of State's Office	
	by the close of business to be accepted on that date.	
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